

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$1,076.50 for dates of service 08/29/01, 04/23/02, and 04/26/02.
- b. The request was received on 07/08/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Redacted EOBs from other carriers
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOBS
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/26/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/27/02. The initial response from the insurance carrier was received in the Division on 07/15/02. There is not a 14 day response noted in the file.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Per the Table of Disputed Services:

“We feel we are due an additional payment for the equipment we gave this patient. We have submitted all necessary documentation including examples of higher payments by other carriers. This carrier still denies adtl.[sic]payment.”

2. Respondent: No position statement noted in the case file.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 08/29/01, 04/23/02, and 04/26/02.
- The explanation of denial listed on the EOBs are, “O-DENIAL AFTER RECONSIDERATION NO ADDITIONAL PAYMENT IS ALLOWED, M-REDUCED TO FAIR AND REASONABLE, S-SUPPLEMENT PAYMENT.”
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
08/29/01	L0565	\$450.00	\$382.50	M	DOP	MFG DME; (X)(IV);(IX)(C) TWCC Act & Rules Sec. 413.011 (d)	<p>The provider has included in their dispute packet, documentation (EOBs from other carriers) that provides some evidence of “fair and reasonable” reimbursement per Sec. 413.011(d).</p> <p>The carrier did not submit a methodology or documentation to support their denials or produced any evidence of a fair and reasonable rate.</p> <p>The provider has submitted some evidence of a fair and reasonable rate. Therefore, additional reimbursement is recommended in the amount of \$67.50.</p>
08/29/01	L0960	\$85.00	\$72.25	M	DOP	MFG DME; (X)(IV);(IX)(C) TWCC Act & Rules Sec. 413.011 (d)	<p>The provider has included in their dispute packet, documentation (EOBs from other carriers) that provides some evidence of “fair and reasonable” reimbursement per Sec. 413.011(d).</p> <p>The carrier did not submit a methodology or documentation to support their denials or produced any evidence of a fair and reasonable rate.</p> <p>The provider has submitted some evidence of a fair and reasonable rate. Therefore, additional reimbursement is recommended in the amount of \$12.75.</p>

04/23/02	E1399	\$75.00	\$63.75	M	DOP	MFG DME; (X)(IV);(IX)(C)	The provider has included in their dispute packet, documentation (EOBs from other carriers) that provides some evidence of "fair and reasonable" reimbursement per Sec. 413.011(d).
04/23/02	E1399	\$155.00	\$61.75	M	DOP	TWCC Act & Rules	The carrier did not submit a methodology or documentation to support their denials or produced any evidence of a fair and reasonable rate.
04/23/02	E1399	\$45.00	\$38.25	M	DOP	Sec. 413.011 (d)	The provider has submitted some evidence of a fair and reasonable rate. Therefore, additional reimbursement is recommended in the amount of \$111.25.
04/26/02	E0745	\$5,000.00	\$4,250.00	M	DOP	MFG DME; (X)(IV);(IX)(C)	The provider has included in their dispute packet, documentation (EOBs from other carriers) that provides some evidence of "fair and reasonable" reimbursement per Sec. 413.011(d).
						TWCC Act & Rules	The carrier did not submit a methodology or documentation to support their denials or produced any evidence of a fair and reasonable rate.
						Sec. 413.011 (d)	The provider has submitted some evidence of a fair and reasonable rate. Therefore, additional reimbursement is recommended in the amount of \$750.00.
04/26/02	97139-TN	\$185.00	\$50.00	M	DOP	TWCC Act & Rules	Rule 133.307 (g) (3) (D) places certain requirements on the provider when supplying documentation with the request for dispute resolution. The provider is to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable.
						Sec. 413.011 (d)	As the requestor, the health care provider has the burden to prove that the fees paid were not fair and reasonable. The provider submitted some evidence of fair and reasonable to support this. Therefore, additional reimbursement is recommended in the amount of \$115.00.
						Rule 133.307 (g) (3) (D)	
Totals		\$5,995.00	\$4,918.50				The Requestor is entitled to additional reimbursement in the amount of \$1,056.50.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,056.50 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 13th day of March 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division
MB/mb